

**Montana Medicaid - Fee Schedule  
Specialized non-Emergency Transportation - PT 24  
November 2006**

**Definitions:**

**Modifier** – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.

For example:

26 = professional component

TC = technical component

**Description** – Procedure code description. You must refer to the appropriate official CPT-4 or HCPCS coding manual for complete definitions in order to assure correct coding.

**Effective** – This is the first date of service for which the listed fee is applicable.

**Method** – Source of fee determination

**Fee Sched:** Medicaid fee for listed code

**Medicare:** Medicare-prevailing fee for listed code.

**By Report (BR):** Equals a percentage of billed charges; percentage depends on provider type and service/supply

**PA** – Prior Authorization

**Y:** Prior authorization is required

**Space:** Prior authorization is not required

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Proc	Modifier	Description	Effective	Method	Fee	PA
A0100		NONEMERGENCY TRANSPORT TAXI	11/1/2006	FEE SCHED	\$0.76	Y
A0140		NONEMERGENCY TRANSPORT AIR	11/1/2006	FEE SCHED	\$12.16	Y